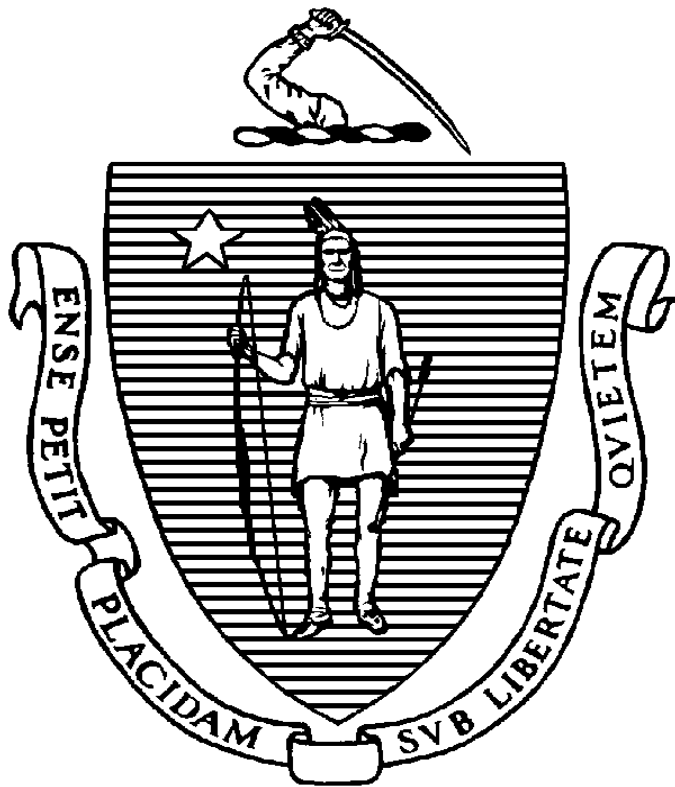


Commonwealth of Massachusetts



APPLICATION FOR EMPLOYMENT

IMPORTANT

Instructions for completing the application form.

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately.
3. As an applicant for employment the Commonwealth will review, if applicable:
 - ?? Criminal Offender Record Information (C.O.R.I) and;
 - ?? The Central Registry of Child Abuse/Neglect reports maintained in accordance with M.G.L. Chapter 119, Section 51 B.
4. If an offer of employment is made to you, the Commonwealth may identify that it is contingent upon the results of a medical exam and/or a tax and background check.
5. FALSE OR MATERIALLY INACCURATE INFORMATION ON THIS APPLICATION WILL BE CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISMISSAL AT ANY TIME AFTER EMPLOYMENT.
6. Read certification and releases carefully before signing.
7. Return completed application.
8. If you need an alternative version of this form, please contact the Agency Civil Rights Officer.

This application will be kept on file for at least 30 days.



COMMONWEALTH OF MASSACHUSETTS

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Commonwealth of Massachusetts to afford equal employment opportunity to all qualified persons regardless of race, color, religion, national origin, age, military status, sexual orientation, disability, or gender, except where age or sex is a bonafide occupational qualification as allowed by the Civil Rights Act of 1964.

PERSONAL INFORMATION

Name (First) (Middle) (Last) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Home Telephone Number
Mailing Address (Street) (City) (State) Zip(Postal) Code	Business or Message Phone:
Home Address (if different from mailing address)	E-Mail Address:
Are you authorized to work in the U.S. on an unrestricted basis? YES <input type="checkbox"/> NO <input type="checkbox"/>	National ID (SS #) (optional)
Are you over age 18? YES <input type="checkbox"/> NO <input type="checkbox"/>	Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper advertisement <input type="checkbox"/> Commonwealth's Employment Opportunities (CEO) <input type="checkbox"/> Other
Have you been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.* _____ _____	_____ _____ _____
Have you been convicted of a misdemeanor other than a first misdemeanor conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace within the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/> (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain.* _____ _____	
**An applicant for employment with a sealed record on file with the Commissioner of Probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution." <i>MGL Ch. 276, Section 100A.</i>	

EMPLOYMENT DESIRED

POSITION APPLIED FOR:	Date you can start
NAME OF STATE AGENCY WHERE POSITION IS LOCATED:	
Have you worked for the Commonwealth before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Starting salary desired
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you reviewed the essential functions of the job as listed on the CEO or job posting? YES <input type="checkbox"/> NO <input type="checkbox"/>	
In addition to your work history, what other experiences, skills or qualifications would qualify you for work with our agency? _____	

EDUCATION				
Name of School	Location City State	Main Course of Study	Did you Graduate	Degree
List any additional education or training: <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1em;"></div>				

PROFESSIONAL REFERENCES (not personal): List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE INFORMATION	
This information is furnished on a voluntary basis.	
Check all that apply to you:	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Vietnam Era Veteran
Dates of Service: to Branch	
If Vietnam Era Veteran, have you been certified by the State Office of Affirmative Action? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, what is the Certification #? _____	
(Please attach Form DD214 or a copy of SOAA certification.)	

IMMEDIATE FAMILY WORKING IN MASSACHUSETTS STATE GOVERNMENT			
Per Executive Order 444, please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education and state authorities; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Executive Branch from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.			
Name of Relative	Relationship	Title of Relative's Job	State Agency

EMPLOYMENT HISTORY		COMPLETE ALL INFORMATION IN FULL (A resume may not be substituted but may be included as a supplement)	
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Begin with your most recent employment, including any present employment. Your present employer <u>will not</u> be contacted without your permission. You may include any verifiable work performed on a volunteer basis. Any gaps in employment must be briefly explained.	
Company Name		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		Telephone	
		Specific Duties	

City & State		Postal Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
			Reason for Leaving
Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
			Reason for Leaving
Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
			Reason for Leaving
Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
			Reason for Leaving
Company Name			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Telephone	Specific Duties
City & State		ZIP (Postal) Code	
Job Title			
Supervisor			
Dates Employed:	From	To	Salary
			Reason for Leaving

IF YOU NEED ADDITIONAL SPACE PLEASE ATTACH A SEPARATE SHEET

**RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING**

I understand that the foregoing will be verified in order to expedite my application for employment with the Commonwealth of Massachusetts. I hereby authorize the Commonwealth to conduct a full investigation into my background.

I authorize the Commonwealth to obtain my previous work records, employment records, character references and any other information concerning character, ability and habits and all other necessary information. Further I grant authority to the keeper of these records to release said records to the Commonwealth of Massachusetts for the purpose of making its hiring decision. I agree that the Commonwealth shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statement, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalty of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

In compliance with the Immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I have received the list of approved documents with this application.

I understand that unless I attain permanent status pursuant to MGL Chapter 31 or am subject to the terms of a collective bargaining agreement, my employment will be at-will, which means that both the Commonwealth of Massachusetts and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date

Printed Name

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”
MGL Ch.149, Section 19B

MISCELLANEOUS JOB-RELATED INFORMATION

THIS IS AN
INSERT

JOB INTEREST

Shift preferred
☐ 1st (Days) ☐ 2nd (Evenings) ☐ 3rd (approx. 11:00pm –7:00am)

Are you available to work EVERY Saturday and Sunday?
 YES ☐ NO ☐

Please prioritize your geographical preference(s) by numbering the boxes only of locations in Massachusetts in which you would be willing to work. Start with number 1 as having the highest priority.

☐ Greater Boston ☐ Central ☐ Northeast ☐ Southern ☐ Western

CERTIFICATIONS AND LICENSES

List any professional licenses, registrations or certifications you possess:

License _____	License Number _____	Date Issued _____	Expiration Date _____
License _____	License Number _____	Date Issued _____	Expiration Date _____
License _____	License Number _____	Date Issued _____	Expiration Date _____

ENGLISH LANGUAGE

Describe your proficiency in the English Language	Simple conversation:	Simple Reading:	Read and speak fluently
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

LANGUAGE CAPABILITIES

List any language(s) other than English in which you are proficient including Sign Language and ability to read Braille. *

Language	Conversational			Reading			Writing		
	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)	HIGH (Fluent)	MOD (Good)	LOW (Fair)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If language proficiency is required, the Commonwealth may administer a Bilingual Certification Examination.

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name: Relationship: Tel. ()

Address: City: State: Zip:

THIS IS AN INSERT

Criminal Offender Record Information (C.O.R.I.)

PLEASE READ BEFORE SIGNING

If employed, I agree to abide by all rules and regulations of the Commonwealth. I understand if convicted of a felony, I will notify my supervisor immediately. I agree to furnish such additional information and complete such examination as may be required to complete an employment process and understand that this application for employment in no way obligates the Commonwealth to employ me. I acknowledge that the Commonwealth will, if applicable, review the Criminal Offender Record Information (C.O.R.I.) and the Central Registry of Child Abuse/Neglect reports in accordance with M.G.L., Chapter 119, Section 51B.

I hereby acknowledge that I have read in full and understand the above statement.

Signature of Applicant

Date

Printed Name

THIS IS AN INSERT

PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE

PLEASE READ BEFORE SIGNING

If an offer of employment is made to you, the Commonwealth may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to the Commonwealth. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by the Commonwealth for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name

THIS IS AN INSERT

IMMIGRATION REFORM AND CONTROL ACT REQUIREMENT

In compliance with the Immigration and Reform and Control Act of 1986, you will be required to provide approved documentation that verifies your right to work in the United States prior to beginning work here at this agency. Please be prepared to provide any of the following documentation if you are offered and accept a position with us:

Any **one** of the following: (These establish both identity and employment authorization)

1. U.S. Passport
2. Certificate of U.S. citizenship (issued by Immigration & Naturalization Service)
3. Certificate of Naturalization (issued by INS)
4. Current foreign passport with valid endorsement authorizing employment
5. Resident alien card or other alien registration card, with photo or other approved identifying information, which evidences employment authorization

OR one from List A and one from List B:

LIST A These establish employment authorization:

1. Social Security Card (unless it specifies that it does not authorize employment)
2. Certificate of U.S. birth or other documentation which establishes U.S. nationality or birth
3. Other approved documentation

LIST B These establish identity:

1. Driver's license or similar state I.D. card with photo or other approved identifying information
2. Other approved documentation of identity for applicants under age 16 or from a state which does not issue an I.D. card (other than a driver's license)

THIS VERIFICATION PROCESS IS REQUIRED FOR ALL EMPLOYEES HIRED ON OR AFTER NOVEMBER 6, 1986.



**COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

CONFIDENTIAL

THIS IS AN INSERT

The Commonwealth of Massachusetts is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability, which can be reasonably accommodated.

Further, the Commonwealth will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Age, race, creed, color, national origin, ancestry, marital status, gender, military status, sexual orientation, or disability are not factors in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. Please submit your form directly to *[name and address of agency Civil Rights Officer]*.

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First) (Middle) (Last)	
Address (Street) (City) (State) (Zip Code)	
Telephone Number (s)	National ID (Social Security Number)
CHECK ONE <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Male<input type="checkbox"/> Female</div> <p><u>Check one of the following: (Race)</u></p> <div style="display: flex; justify-content: space-between;"><input type="checkbox"/> White<input type="checkbox"/> Black<input type="checkbox"/> Hispanic<input type="checkbox"/> Asian/Pacific Islander</div> <div><input type="checkbox"/> Native American (American Indian or Alaskan Native) (If Native American, please attach documentation of tribal affiliation)</div> <p><u>Check if the following is applicable:</u></p> <div><input type="checkbox"/> Vietnam Era Veteran* <i>(Ninety (90) days of active duty service, any part of which occurred between August 5, 1964 and May 7, 1975)</i></div>	

*In order to qualify for Affirmative Action status as a Vietnam Era Veteran, you must apply for Eligibility Certification which is issued by the State Office of Affirmative Action. Forms are available from the State Office of Affirmative Action, (617) 727-7441.

Applicant Signature

Date



**COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
AFFIRMATIVE ACTION DATA RECORD**

CONFIDENTIAL

THIS IS AN INSERT

The Commonwealth of Massachusetts is committed in spirit as well as in action, to abide by all laws dealing with equal employment opportunity. It is our policy to guarantee equal employment opportunities for all qualified persons without regard to their disability which can be reasonably accommodated.

Further, the Commonwealth will act in good faith, to affirmatively recruit and consider for promotion individuals in protected categories. Disability is not a factor in employment, promotion, transfer, compensation, lay-off, disciplining and termination.

In order to effectively monitor the success of our recruitment and employment efforts, it is requested that you provide the following information. *Please submit your form directly to [name and address of agency ADA coordinator].*

The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Affirmative Action Data Records are kept in a confidential file and are not a part of your application for employment or your personnel file. Your cooperation is voluntary. Inclusion or exclusion of any affirmative action data will not jeopardize or adversely affect any employment decision.

(PLEASE PRINT)

Name (First) (Middle) (Last)	
Address (Street) (City) (State) (Zip)	
Telephone Number (s)	National ID (Social Security Number)
<u>Check if the following is applicable:</u> <input type="checkbox"/> <u>Person with a disability*</u> A disability means a physical or mental impairment with substantially limits one or more major life activities; a record of such impairment; or being regarded as having such an impairment. ("Major Life Activities" includes but is not limited to functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. Information on disability is maintained by the ADA Coordinator and is not shared with Human Resources.)	

*If you wish to obtain Affirmative Action status as a Person with a Disability after you have been employed by this agency you may need to submit self-identification and verification of such with the ADA Coordinator if your disability is not obvious. Appropriate forms are available at this agency's Civil Rights Office.

Applicant Signature

Date